

# REQUEST FOR DONATED LEAVE

**TO: DEPUTY COUNTY ADMINISTRATIVE OFFICER, HUMAN RESOURCES**

**FROM:** \_\_\_\_\_

**NAME (Employee):** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**JOB CLASSIFICATION:** \_\_\_\_\_

**MONO COUNTY PHONE #:** \_\_\_\_\_

I, \_\_\_\_\_ have exhausted my current leave balance and request  
*NAME OF REQUESTING EMPLOYEE*

that you attempt to obtain voluntarily donated leave from other County employees. A general  
description of the need for donated leave is as follows:

---

---

---

---

---

---

---

In, complying with my request, you, the Deputy County Administrative Officer, may may not  
(circle one of the above)  
share information about the reason I am requesting a leave donation.

\_\_\_\_\_  
*Requesting Employee Signature*

---

---